Vermont Blueprint for Health
Preliminary Report on Implementation Structure
Recommendation and Timeline
June 1, 2006

This preliminary report is provided at the request of the Vermont General Assembly. Act 191, Health Care Affordability for Vermonters, requires the executive committee of the Blueprint to "consider and include recommendations in the revised strategic plan (due in October) for an implementation structure and timeline." The report shall include at a minimum: an assessment of the options for an organizational structure; and, recommendation as to which structure is most likely to achieve statewide goals, maintain an effective partnership between public and private entities and broaden participation of stakeholders.

Blueprint Expectations contained in H.861

Act 191 states, "The general assembly endorses the "blueprint for health" chronic condition prevention and chronic care management initiative as a foundation which it intends to strengthen by broadening its scope and coordinating the initiative with other public and private care coordination and management programs". (H.861 Sec.4 (a))

The Vision for the Blueprint, endorsed by the Steering Committee for the Blueprint is that:

Vermont will have a comprehensive, proactive system of care that improves the quality of life for people with or at risk for chronic conditions.

- *The Blueprint will utilize the Chronic Care Model as the framework for the required system changes.*
- *The Blueprint will utilize a public-private partnership to facilitate and assure sustainability of the new system of care.*
- *The Blueprint will coordinate with other statewide initiatives to assure alignment of health care reform efforts.*

The general assembly broadens and strengthens this vision in several ways:

- It codifies the Blueprint as a core component of health care reform in Vermont
- It recognizes the importance of prevention and improved treatment for chronic conditions as an "effective first step" essential to reducing health care costs over time
- It places a strong emphasis on prevention of chronic conditions
- It mandates an aggressive timetable for full implementation and participation
- It names the Blueprint as the standard for development of other health reform initiatives
- It endorses the Blueprint as an "integrated approach to patient self-management, community development, health care system and professional practice change, and information technology initiatives."
- It establishes an executive committee to "advise the commissioner on creating and implementing a strategic plan for the development of the statewide system of chronic care and prevention…"

Further, Act 191 specifies that the Secretary of the Agency of Administration is responsible for the coordination of health care system reform among executive branch agencies, departments, and offices.

Organizational Options

Vermont uses at least six different models for managing and implementing programs. These range from an agency of state government (OVHA); through boards (Liquor) or commissions (on Women); to public non-profits (State Colleges), to private non-profit organizations (VPQHC). The type of structure designated by the legislature determines governance, staff employment, funding mechanisms, how contracts are made and the amount and nature of public participation. A summary of these options is included in Appendix A. The Executive Committee has initiated a review of these options pursuant to Sec. 4.(c)(3), in determining the recommendations that will be incorporated in the revised Strategic Plan due in October.

Recommended Organizational Structure for FY 2007

Consistent with Act 191, the Blueprint for Health is structured as a program within the Department of Health with an appointed Executive Committee serving in an advisory capacity. The Commissioner of Health in collaboration with the Executive Advisory Committee shall consider the merits of other potential organizational structures; and include in the revised strategic plan a recommendation as to which is most likely to achieve the statewide goals of the blueprint for health and to maintain an effective partnership between the public and private sectors.

Characteristics of the current organizational structure for the Blueprint for Health are that responsibility for implementation is assigned to the Department of Health which hires and supervises staff, adheres to state policies and procedures, and is accountable to the legislature, the Secretaries of Human Services and Administration, and the Governor. Public input into policies and strategies for project development and implementation is ensured through the Executive Advisory Committee and participation by other stakeholders as required by the legislation.

This structure has already been successful in framing the Blueprint and developing the current strategic plan, has led to an effective partnership between public and private entities over the past two and a half years and is poised to broaden participation of stakeholders beyond the current 100 participating organizations. .

Organizational Structure Description

Executive Advisory Committee. A two day "retreat" was held with members of the Committee and key VDH staff in May. This provided the opportunity to review successes and challenges of the current structure; to agree to the recommended process and structure that will guide the Executive Committee and the Department over the next year; and, to develop new operating principles for the Committee.

The Committee adopted the purpose statement from Act 191 and added to it a commitment to advocacy. The purpose statement now reads:

> *The role of the Executive Committee is to advise the commissioner on creating and implementing the strategic plan for the development of the statewide system of chronic care and prevention; and to advocate for integration of Blueprint work within their own organizations and with their constituents and partners.*

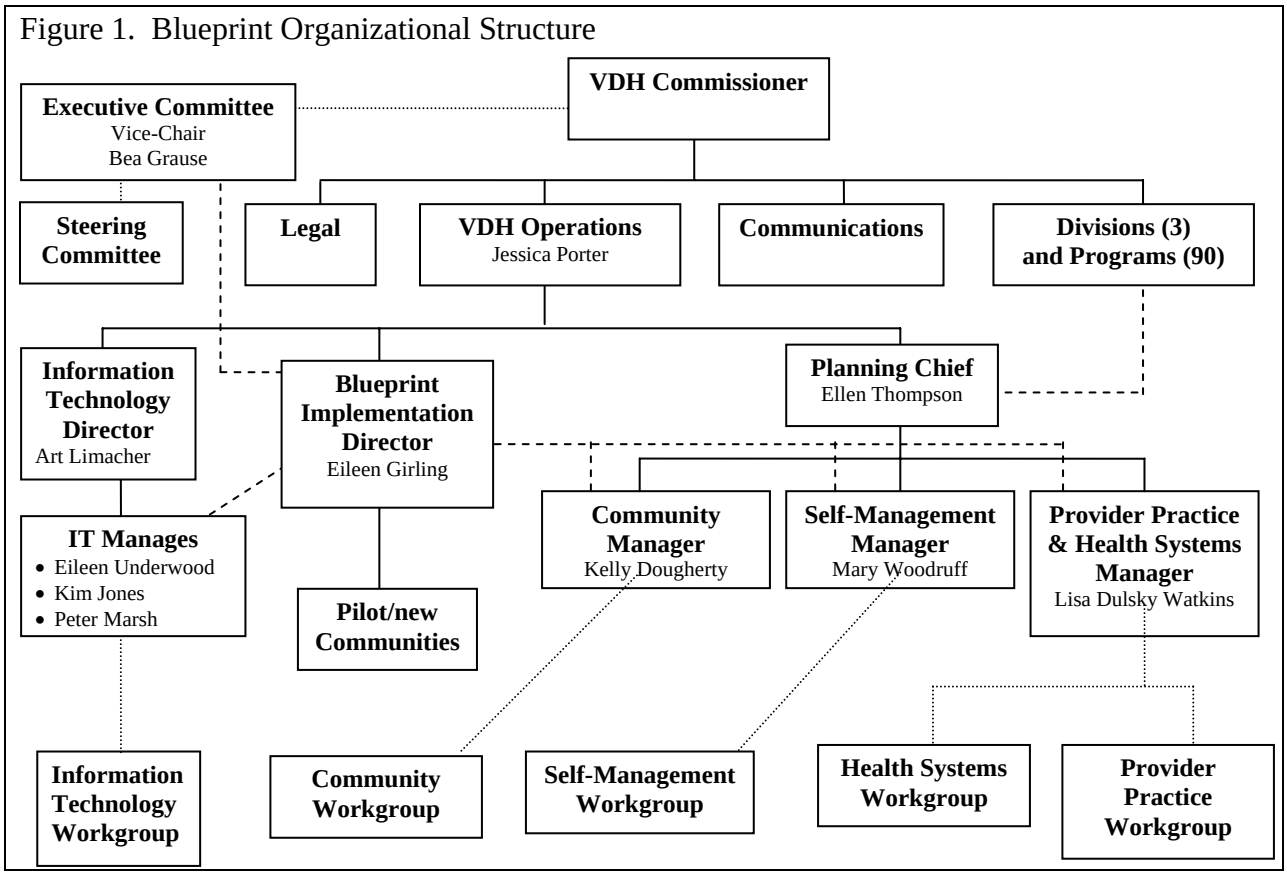
Department of Health. The Blueprint initiative is administered by the Department of Health with staff reporting to the Commissioner through the Director of Operations. Staff includes the

Blueprint Implementation Director, Planning Chief, Chief of Information Technology & Services and Program Managers who are responsible for specific functional components (information technology, community, self-management, provider practice, and health systems).

The Blueprint Implementation Director is the primary liaison between the Health Department and the Executive Committee, oversees all communications regarding the Blueprint, is directly responsible for pilot and new community implementation; and works with all workgroup leaders and VDH program managers to ensure collaboration and coordinated implementation. The Planning Chief (among other VDH duties) oversees the development of the strategic plan, ensures integration of the Blueprint in division and program plans across the department and supervises the program managers in their work within the department and with the Implementation Director, workgroups and pilot communities. The Information and Technology Chief ensures implementation of the chronic care information system and integration with VITL. and supervises the staff that work with end users to develop the system, ensure participation and provide technical support. Workgroups, made up of key stakeholders in each of the five functional areas, advise and support the staff.

Executive Committee—Department of Health Interface. The current organizational structure of the Blueprint is illustrated in Figure 1. It shows the advisory relationship of the "steering" and executive committees to the Commissioner of Health; the relationship of staff to one another and the advisory workgroups to staff.

Figure 1. Blueprint Organizational Structure



Appendix A

High government participation ⟷ Less Government participation					
State Programs	**State Program with Advisory Board**	**State Program operated by Private Non-Profit(s)**	**Quasi-Judicial Boards, Commissions**	**Public Non-Profits**	**Private Non-Profits**
Program statutorily assigned to and operated entirely within a state agency.	Program statutorily assigned to and operated entirely within a state agency.	Program statutorily assigned to a state agency, but operated under contract to designated outside entity(ies).	Statutorily created organization operates program within framework of law.	Statutorily created organization operates program within framework of law.	Statute designates a specific private non-profit as carrying out purpose for state, with state funding
Staff all state employees.	Staff all state employees. State may contract out to private NP or FP for services	Administrative and oversight staff in government; operational staff in private sector	Staff all state employees.	Staff not state employees.	Staff not state employees
Agency may contract out for services. Contracting process follows state requirements.	Operational contracting follows state requirements.	Contracting by state agency follows state rules, but the operating entity is independent of government contracting rules.	Operational contracting follows state requirements.	Contracting is independent of government.	Contracting by state agency follows state rules, but the operating entity is independent of government contracting rules.
Public input through legislation and rulemaking	Public input through legislation, rulemaking and statutorily designated "Advisory" Board; May be simply advisory or binding	Public input through legislation, rulemaking, advisory bodies in agency and contractor organization	Public input through legislation, rulemaking and appointment of members of commission/board by governor	Public input through legislation and rulemaking; board members either designated in statute or appointed by governor, or both	Public input through legislation; board is self-perpetuating; operations set out in by-laws, not statute
Funding comes to state agency through appropriation by legislature.	Funding comes to state agency through appropriation by legislature; advisory board expenses are part of agency budget.	Funding comes directly to state agency through appropriation by legislature. State agency then allocates through funding in contracting process to the designated organization.	Funding comes directly to Board/Commission through appropriation by legislature.	Funding comes directly to public non-profit through appropriation by legislature.	Funding comes to state agency; which then allocates funding in contracting process to designated organization.
Examples: Medicaid	Corrections - Parole Board; AOT - Transportation Board; BISHCA - Public Oversight Commission (POC)	Community Mental Health; some tourism promotion activities	Water Resources Board, Act 250, Commission on Women; VEPC; Lottery Commission	Center for Geographic Information; VT Housing and Conservation Board; VSAC; VT State Colleges	VPQHC AHEC